

# Westminster City Recreation Summer Camp

## 2019



### Counselor-In-Training Application



Name: \_\_\_\_\_

Street Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Parent's phone number: \_\_\_\_\_ Work: \_\_\_\_\_

Parent Email \_\_\_\_\_

Birth Date \_\_\_\_\_ Age \_\_\_\_\_ School year next Fall \_\_\_\_\_

School \_\_\_\_\_

How did you hear about the program? \_\_\_\_\_

Have you ever been a CIT? Where? \_\_\_\_\_

Extracurricular activities: Please list any sports, clubs, hobbies you enjoy participating in, including leadership roles.

Please list any awards/honors you have received.

Describe your experiences with children and give ages.

List any summer camps you have attended.

Describe any jobs, personal experiences or volunteer opportunities that would make you an effective CIT?  
Why do you want to be a CIT?

What is the youngest age child you have been responsible for? \_\_\_\_\_ oldest? \_\_\_\_\_

What age group do you prefer to work with?

5-7 year olds \_\_\_\_\_ 8-10 year olds \_\_\_\_\_

11 and up year olds \_\_\_\_\_

Please check the weeks in which you are able to work:

Week of.....

\_\_\_\_\_ June 18                      \_\_\_\_\_ July 23                      \_\_\_\_\_ Aug 27

\_\_\_\_\_ June 25                      \_\_\_\_\_ July 30

\_\_\_\_\_ July 2                      \_\_\_\_\_ Aug 6

\_\_\_\_\_ July 9                      \_\_\_\_\_ Aug 13

\_\_\_\_\_ July 16                      \_\_\_\_\_ Aug 20

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Parent Signature: \_\_\_\_\_ Date: \_\_\_\_\_